



# IOWA DEPARTMENT OF NATURAL RESOURCES

Underground Storage Tank Section  
Wallace State Office Building  
502 E Ninth Street  
Des Moines, IA 50319-0034

## APPLICATION FOR TEMPORARY CERTIFICATION UNDERGROUND STORAGE TANK INSPECTOR

### 1. APPLICANT INFORMATION:

### 2. EMPLOYER INFORMATION:

<b>Applicant</b> <b>Name:</b> _____	<b>Company</b> <b>Name:</b> _____
<b>Home Mailing</b> <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	<b>Company Mailing</b> <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Daytime Telephone</b> <b>Number:</b> ( _____ ) _____	<b>Your Job Title:</b> _____ <b>Will you be conducting inspections on your employer's UST systems?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Company Telephone:</b> ( _____ ) _____ <b>F A X:</b> ( _____ ) _____ <b>Company Contact:</b> _____
<b>E-Mail Address:</b> _____ (Please Print Clearly)	

### 3. CURRENT CERTIFICATION

- a. I am currently an UST installer licensed by the Iowa UST Board Fund      Yes ☐ No ☐
- b. I am currently working as an Iowa UST Board licensed installer      Yes ☐ No ☐
- c. I am currently working as an Iowa UST Board licensed installer inspector      Yes ☐ No ☐
- d. My Iowa UST Fund license number is: \_\_\_\_\_

I have completed the U.S. EPA UST Web-based training modules:  
*Introduction to the Underground Storage Tank Program* and *Basic UST Inspector Training*      Yes ☐ No ☐  
Attach copy of certificate

I have enclosed check or money order in the amount of \$150 made payable to the "Iowa DNR, UST Section" for application fee.

**I HEREBY CERTIFY that this information is true and correct to the best of my knowledge. I understand that any false or misleading information may result in failure to obtain certification or the subsequent revocation of my certification [567-134.16(455B)].**

\_\_\_\_\_  
Signature of the Applicant (In Ink)

\_\_\_\_\_  
Date

After signing, submit the this completed application along with proof of liability insurance, certificate of completion from EPA training modules and the fee.

**Mail the application and the other requested items to:**

**Iowa Department of Natural Resources  
Attn: Sherry Blaisdell  
Wallace State Office Building  
502 E Ninth Street  
Des Moines, IA 50319-0034**

**515/281-8865  
[Sherry.Blaisdell@dnr.state.ia.us](mailto:Sherry.Blaisdell@dnr.state.ia.us)**

*(Q:/Compliance Inspector Application Form 10.9.06*